

To: New Employee

From: HR/REE

Subject: Updating medical clearance status

Date:

In order to ensure that there have been no new medical nor mental health conditions since your pre-employment physical examination, please sign this statement and return to HR/REE.

“I confirm that I have had no physical nor emotional concerns that I feel should be evaluated, that I take no new medications, that I have not had treatment nor recommended to receive treatment for a medical or mental health condition since my pre-employment physical examination.”

Please print name, DOB, and SSN:

Signature:

If there have been any of the above occurrences since your pre-employment physical examination, please sign below and FAX a report concerning the status of the condition and follow-up treatment and monitoring to Medical Clearances, Pre-employment Medical Update, attention Michael J. Pate, 703-875-5414.

Please print name, DOB, and SSN:

Signature: